Case 17-279	993 Doc 1	Filed 09/19/17		09/19/17 14:24:15	Desc Main
Fill in this information to ider	ntify your case:	Document	Page 1 c	of 57	UNINA
United States Bankruptcy Cour	rt for the:				WITED STATES BANKARITES SEP 19 2000
District of					TERN DISTANKAL
Case number (# known):		Chapter you are filing	g under:	Jan	SEP TO MICTORIO
		Chapter 7 Chapter 11			AEYD 92012
		Chapter 12 Chapter 13	Ней саманий у ценц		Markininis is an
CONTRACTOR AS A STATE AS THE MAN THE STATE AS A STATE A	and the second of the second s				ament Ad Info
Official Form 101					Althoris is an amendad time?
Voluntary Pet	ition for	' Individua	le Fili»	a for Rankri	
The bankruptcy forms use you joint case—and in joint cases, the answer would be yes if aith					
and another troute be yes it eith	ei nentoi omila a f	ar, when information is	s needed abox	is the encuese constalu 4	an formation of the first of the state of th
same person must be Debtor 1	in all of the forms.	ses, one or the spouses	must report	information as <i>Debtor 1</i> and	the other as Debtor 2. The
Be as complete and accurate as information. If more space is no	s possible. If two n	narried people are filing	together, bo	th are equally responsible fo	or supplying correct
information. If more space is ne (if known). Answer every quest	ion.	Darate Sheet to this form	n. On the top	of any additional pages, wri	e your name and case number
Part 1: Identify Yourself					
	About Debtor 1		17.741.777.744 		
Your full name	About Debtor 1			About Debtor 2 (Spou	se Only in a Joint Case):
Write the name that is on your	Polit	10			
government-issued picture identification (for example,				First name	
your driver's license or passport).	<u>A/€</u> Middle name	ksandrovni	9		
Bring your picture	Mai	ksandrovni ksimovich		Middle name	
identification to your meeting with the trustee.	Last name			Last name	
	Suffix (Sr., Jr., II, II	1)		Suffix (Sr., Jr., II, III)	
					1
2. All other names you				ALLEGA PROPERTY AND ALLEGA	
have used in the last 8 years	First name			First name	
Include your married or	Middle name			Middle name	
maiden names.				widdie name	
	Last name			Last name	
	First name			First name	
	Middle name				
	Middle Barrie			Middle name	
	Last name			Last name	
					The second secon
t territoria de la comitación de la comi		and the control of th		en de la	
 Only the last 4 digits of your Social Security 	xxx - xx	6207	_	xxx - xx	
number or federal	OR			OR	
Individual Taxpayer Identification number	9 xx - xx		••	9 xx - xx	A Section 1
(ITIN)					

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Debtor 1

Document Maksim ovich

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in	I have not used any business names or EINs.	☐ I have not used any business names or EINs.
	the last 8 years	Business name	Business name
	Include trade names and doing business as names	Business name	Business name
		EIN	EIN — — — — — — —
		EIN	EIN
5.	Where you live	ersenin hatilian takan kanimen et eminya disabahat sisua banamian tamin ay tik sempahadan erdapah pilambahat hatika kanimen et attilan pilambahat an cerci banambahat pelambahat mada hacis banambahat pelambahat pelambahat banambahat pelambahat banambahat banambahat pelambahat banambahat pelambahat	If Debtor 2 lives at a different address:
		535 Kinman Ave.	
			Number Street
		Evanston IL 60202 City State ZIP Code	
		English TI Con a	
		Evanston IL 60202 City State ZIP Code	City State ZIP Code
		Ceck	City State ZIP Code
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
i.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)
			•

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First Name Middle Name Last Name

Case number (# known)_

7.	Bankruptcy Code you	Check for Ban	eck one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	are choosing to file under	☐ Chapter 7						
		☐ Cha	apter 12					
on No	i tumbo 1883 i tumpo, vosto kaj sistina kimaj immensionini kindegoja 1881 ilijanjeninji kaj projektija kina godini	☐ Cha	apter 13					
8.	How you will pay the fee	ioca you sub	al court for more rself, you may pa	details about how you i ay with cash, cashier's ment on your behalf, yo	may pay. Typica check, or mone	neck with the clerk's office in your illy, if you are paying the fee y order. If your attorney is pay with a credit card or check		
		☑ i ne App	ed to pay the fe plication for Indivi	e in installments. If yo iduals to Pay The Filing	ou choose this o Fee in Installme	ption, sign and attach the ents (Official Form 103A).		
		less pay	aw, a judge may than 150% of th the fee in installi	r, but is not required to, ne official poverty line th	waive your fee, nat applies to you his option, you m	tion only if you are filing for Chapter 7. and may do so only if your income is ur family size and you are unable to nust fill out the <i>Application to Have the</i> with your petition.		
9.	Have you filed for	W No		antinen er er er engelydd offer ei dei gellyd y tyfe er en en en en en ei y y fan 'e e e	anama ya ka shara a sama mara a sa sa sakaba sa sa sama ya	a u calante de la martina de la facta de la martina de		
	bankruptcy within the last 8 years?	☐ Yes.	District	When	MM / DD / YYYY	Case number		
			District			Case number		
					MM / DD / YYYY	- Vado Hallioti		
			District	When	MM / DD / YYYY	Case number		
· · · · · · · · · · · · · · · · · · ·	Ara any hankruntov	no C						
10.	Are any bankruptcy cases pending or being	₩ No						
	filed by a spouse who is not filing this case with	☐ Yes.				Relationship to you		
	you, or by a business partner, or by an affiliate?		District	When	MM / DD / YYYY	Case number, if known		
			Debtor			Relationship to you		
				When		Case number, if known		
	Do you rent your residence?	O No. Yes.	Go to line 12. Has your landlord residence?	obtained an eviction judge	ment against you a	and do you want to stay in your		
			Has your landlord		ment against you a	and do you want to stay in your		

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Debtor 1

Prist Name Middle Name Last Name

Case number (if known)_

of any full- or part-time		Go to Part 4.			
business?	☐ Yes	. Name and location of busine	ss		
A sole proprietorship is a business you operate as an					
individual, and is not a		Name of business, if any			, , , , , , , , , , , , , , , , , , ,
separate legal entity such as a corporation, partnership, or					
LLC.		Number Street			The state of the s
If you have more than one sole proprietorship, use a separate sheet and attach it					
to this petition.		City	S	tate	ZIP Code
		Check the appropriate box to			
		☐ Health Care Business (as	defined in 11 U.S.C. § 101	(27A))	
		☐ Single Asset Real Estate	(as defined in 11 U.S.C. §	101(51B))	
		☐ Stockbroker (as defined in	n 11 U.S.C. § 101(53A))		
		☐ Commodity Broker (as de	fined in 11 U.S.C. § 101(6))	
		☐ None of the above	J (-),	,	
For a definition of small business debtor, see 11 U.S.C. § 101(51D).	☐ No.	I am not filing under Chapter 11, but the Bankruptcy Code. I am filing under Chapter 11 a Bankruptcy Code.	out I am NOT a small busin		
		Any Hazardous Property	or Any Property That i	Needs Ir	nmediate Attention
Do you own or have any		Any Hazardous Property	or Any Property That I	Needs Ir	nmediate Attention
Do you own or have any property that poses or is alleged to pose a threat	1 No	Any Hazardous Property What is the hazard?	or Any Property That I	Needs Ir	nmediate Attention
Do you own or have any property that poses or is	1 No		or Any Property That i	Needs Ir	nmediate Attention
Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety?	1 No		or Any Property That I	Needs Ir	nmediate Attention
Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any	1 No	What is the hazard?			
Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs	1 No	What is the hazard?			nmediate Attention
Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	1 No	What is the hazard?			
Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	1 No	What is the hazard? If immediate attention is need.	ded, why is it needed?		
Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	1 No	What is the hazard? If immediate attention is need	ded, why is it needed?		
Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building	1 No	What is the hazard? If immediate attention is need.	ded, why is it needed?		
Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to	1 No	What is the hazard? If immediate attention is need.	ded, why is it needed?		

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Debtor 1

Polina A. Maksimovich

Case number (if known)___

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

bo				

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

_	I am not required to receive a briefing a	about
	credit counseling because of:	

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not	required t	to receive	а	briefing	about
credit co	ounseling	hecause of	١f٠		

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1

Maksimovich
Last Name

Case number (if known)

16.	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Do. Go to line 16b. Yes. Go to line 17.				
		Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.				
		☐ No. Go to line 16c. ☐ Yes. Go to line 17.	rooment of unough the open	ration of the business of investment.		
		16c. State the type of debts you	owe that are not consumer	debts or business debts.		
17.	Are you filing under Chapter 7?	☐ No. I am not filing under Ch	napter 7. Go to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	No No	er 7. Do you estimate that aft s are paid that funds will be a	ter any exempt property is excluded and available to distribute to unsecured creditors?		
	How many creditors do you estimate that you owe?	☐ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000		
	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 milli \$10,000,001-\$50 mil \$50,000,001-\$100 m \$100,000,001-\$500 i	llion ☐ \$1,000,000,001-\$10 billion nillion ☐ \$10,000,000,001-\$50 billion		
-	How much do you estimate your liabilities to be?	□ \$6-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 m \$100,000,001-\$500 i	llion		
श्च	NA Sign Below					
For	you	I have examined this petition, and correct.	d I declare under penalty of p	perjury that the information provided is true and		
		If I have chosen to file under Cha of title 11, United States Code. I under Chapter 7.	pter 7, I am aware that I may understand the relief availabl	y proceed, if eligible, under Chapter 7, 11,12, or 13 le under each chapter, and I choose to proceed		
		If no attorney represents me and this document, I have obtained a	I did not pay or agree to pay nd read the notice required b	someone who is not an attorney to help me fill out by 11 U.S.C. § 342(b).		
		I request relief in accordance with	n the chapter of title 11, Unite	ed States Code, specified in this petition.		
		I understand making a false state with a bankruptcy case can result 18 U.S.C. §§ 152, 1341, 1519, ar	t in fines up to \$250.000, or i	or obtaining money or property by fraud in connection mprisonment for up to 20 years, or both.		
		× M	S	c		
		Signature of Debtor 1		Signature of Debtor 2		
		Executed on 9/19/1	2017 MY	Executed on		

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Name of the state	Date	
Signature of Attorney for Debtor	The state of the s	MM / DD /YYYY
Printed name		
Firm name		
Number Street		
City		ZIP Code
Contact phone	Email address	
•	Linaii addies	S
Bar number	State	

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Debtor 1

Poling A. Maksimovich

First Name Middle Name Last Name

Case number (if known)____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Bankruptcy Procedure, and the local rules of the court i be familiar with any state exemption laws that apply.	in which your case is filed. You must also
Are you aware that filing for bankruptcy is a serious actionsequences? D No Ves	ion with long-term financial and legal
Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or imprisor to the yes	and that if your bankruptcy forms are ned?
Did you pay or agree to pay someone who is not an atto No Yes. Name of Person Attach Bankruptcy Petition Preparer's Notice, Decl	
By signing here, I acknowledge that I understand the ris have read and understood this notice, and I am aware the attorney may cause me to lose my rights or property if I	hat filing a bankruptcy case without an do not properly handle the case.
Signature of Debtor 1	Signature of Debtor 2
Date 9/19/2017	Date MM / DD / YYYY
Contact phone 312.560. 8928	Contact phone
Cell phone 312.560. 8928 Email address Kareliya 2001@ inbox.	Cell phone
Email address <u>Kareliya 2001@ Inbox</u> .	Email address

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Fill in this in	formation to ider	itify your case:		
Debtor 1	Polina First Name	A Middle Name	Maksimovich Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for	the:Dist	rict of	
Case number	(If known)			Check if this is a amended filing
				· ·
Official F	orm 106S	um		
Summar	y of Your	Assets and	Liabilities and Cer	tain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

,	eart 1: Summarize Your Assets	
		Your assets Value of what you own
1	Schedule A/B: Property (Official Form 106A/B)	•
	1a. Copy line 55, Total real estate, from Schedule A/B	\$
	1b. Copy line 62, Total personal property, from Schedule A/B	s 8,640. 8
	1c. Copy line 63, Total of all property on Schedule A/B	\$ 1,640. S
F	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$62,507.7
	Your total liabilities	+ \$62,507.7 \$62,507.7
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	, 3 537 77
		*
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$ <u>3,537.7</u> 7 \$ <u>2,555</u>

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Debtor 1

Polina A Maksimovich Case number (# known)_

Case number (if known)

P	art 4: Answer These Questions for Administrative and Statistical Record	S	
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this Yes	form to the court with your othe	r schedules.
7.	What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by a family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purp Your debts are not primarily consumer debts. You have nothing to report on this pathis form to the court with your other schedules.	oses. 28 U.S.C. § 159.	
8.	From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ncome from Official	s 3, 033
9.	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:	Total claim	
	From Part 4 on Schedule E/F, copy the following:		
	9a. Domestic support obligations (Copy line 6a.)	\$	
	9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	
	9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	
	9d. Student loans. (Copy line 6f.)	\$	
	9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	
	9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$	
	9g. Total. Add lines 9a through 9f.	\$	

Case 17-27993 Doc 1 Filed 09/19/17 Entered 09/19/17 14:24:15 Document Page 11 of 57 Fill in this information to identify your case and this filing: Maksomovice Debtor 1 Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: _____ __ District of Case number Check if this is an amended filing Official Form 106A/B **Schedule A/B: Property** 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the ☐ Manufactured or mobile home entire property? portion you own? Land ☐ Investment property Describe the nature of your ownership ☐ Timeshare City ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? ☐ Land □ Investment property Timeshare Describe the nature of your ownership City ZIP Code interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one.

County

Debtor 1 and Debtor 2 only

At least one of the debtors and another

property identification number:

Other information you wish to add about this item, such as local

Debtor 1 only
Debtor 2 only

☐ Check if this is community property

(see instructions)

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	Last Hante	•	f known)	
1.3	Street address, if available, or other description	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not deduct secured of the amount of any securing Creditors Who Have Claim Current value of the entire property?	ed claims on Schedule D; ims Secured by Property.
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2. Add	the dollar value of the portion you own for al	Il of your entries from Part 1, including any entrie	s for pages	\$
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Part 2:				
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the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages have attached for Part 2. Write that number here	Make: Model: Year: Other information: own or have more than one, list here Make: Model: Year: Other information:	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions)	Current value of the entire property? Do not deduct secured claim the amount of any secured Creditors Who Have Claim: Current value of the entire property? \$	claims on Schedule D: s Secured by Property. Current value of the portion you own? \$

5.

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Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own?
	Do not deduct secured claims or exemptions.
6. Household goods and furnishings	en en en en en er an en
Examples: Major appliances, furniture, linens, china, kitchenware	
No De Yes. Describe Kitchen appliences, all farmiture, kitchennowe, linens	\$ 997
7. Electronics	i
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
Yes. Describe printer, computer, Ilad, cell phone, camera	\$ 1,100
8. Collectibles of value	
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
Yes. Describe	\$
9. Equipment for sports and hobbies	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	i
☑ Yes. Describe	· j
Tes. Describe	\$
10. Firearms	
Examples: Pistols, rifles, shotguns, ammunition, and related equipment No	:
☐ Yes. Describe	\$
11. Clothes	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No	
Yes. Describe Everyday clothes, leather east, shoer, accessories	s_1,330
12. Jewelry	
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
Yes. Describe	\$ 70
13. Non-farm animals	:
Examples: Dogs, cats, birds, horses	
<u>u</u> No	
Yes. Describe	\$
14. Any other personal and household items you did not already list, including any health aids you did not list	:
Yes. Give specific information	\$ 50
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	1 (1,0
for Part 3. Write that number here	\$ 5,54+

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Describe Your Financial Assets

Do you own or have a	ny legal or equitable interest in any	of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash Examples: Money yo	ou have in your wallet, in your home, ir	ı a safe deposit box, and on hand when you file your pel	ition
No DY Yes		Cash:	s 1, 324
17. Deposits of money <i>Examples:</i> Checking and other	, savings, or other financial accounts; similar institutions. If you have multipl	certificates of deposit; shares in credit unions, brokerage e accounts with the same institution, list each.	e houses,
No Yes		itution name:	
	17.1. Checking account:	Bauk of America	s 3 25
	17.2. Checking account:	Bank of America PNC Bank	\$ 64.48
	17.3. Savings account:		
	17.4. Savings account:		5
	17.5. Certificates of deposit:		5
	17.6. Other financial account:		5
	17.7. Other financial account:		*
	17.8. Other financial account:		¥
	17.9. Other financial account:		Y
Examples: Bond funds	s, or publicly traded stocks s, investment accounts with brokerage	firms, money market accounts	
Ŭ No □ Yes	Institution or issuer name:		
			<u> </u>
			<u> </u>
			\$
9. Non-publicly traded an LLC, partnership,	stock and interests in incorporated and joint venture	and unincorporated businesses, including an intere	st in
9. Non-publicly traded an LLC, partnership,	stock and interests in incorporated and joint venture Name of entity:		
an LLC, partnership,	and joint venture Name of entity:	% of owners:	hip:
an LLC, partnership, No □ Yes. Give specific	and joint venture Name of entity:	% of owners:	hip:

Debtor	1

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Non-negotiable instrum	ents are those you cannot transfer to someone by signing or delivering them.	
Y No		
Yes. Give specific	Issuer name:	
information about them		\$
		\$
		\$
etirement or pension		
/	RA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	
No		
Yes. List each account separately.	Type of account: Institution name:	
	401(k) or similar plan:	•
		\$
	Pension plan:	\$
	IRA:	\$
	Retirement account:	\$
	Keogh:	\$
	A J. W. and S. and and	•
	Additional account:	\$
our share of all unused	Additional account: prepayments I deposits you have made so that you may continue service or use from a company	\$
our share of all unused xamples: Agreements	Additional account: prepayments	
our share of all unused xamples: Agreements ompanies, or others	Additional account: prepayments I deposits you have made so that you may continue service or use from a company	
our share of all unused xamples: Agreements ompanies, or others	Additional account: prepayments I deposits you have made so that you may continue service or use from a company	
our share of all unused xamples: Agreements ompanies, or others	Additional account: prepayments di deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications	
our share of all unused xamples: Agreements or ompanies, or others	Additional account: prepayments deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	\$
our share of all unused xamples: Agreements ompanies, or others	Additional account: prepayments di deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual:	\$
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our share of all unused xamples: Agreements ompanies, or others	Additional account: prepayments if deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Chukhuham Caurh Apartments	\$\$ \$\$
our share of all unused xamples: Agreements ompanies, or others	Additional account: prepayments dideposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Chullulam Caurt Agantments Prepaid rent:	\$\$ \$\$
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our share of all unused xamples: Agreements ompanies, or others	Additional account: prepayments deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Cheukunam Caurts Againtments Prepaid rent: Telephone: Water:	\$\$ \$\$
our share of all unused xamples: Agreements ompanies, or others	Additional account: prepayments dideposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: ** **Chekham Caurts** ** **Apartments** Prepaid rent: Telephone: Water: Rented furniture:	\$\$ \$\$
our share of all unused xamples: Agreements of an amples of all unused to the second se	Additional account: prepayments deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other:	\$\$ \$\$
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our share of all unused xamples: Agreements of ampanies, or others No Yes	Additional account: prepayments d deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other: or a periodic payment of money to you, either for life or for a number of years)	\$\$ \$\$
Examples: Agreements of companies, or others No Yes	Additional account: prepayments deposits you have made so that you may continue service or use from a company with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: Other:	\$\$ \$\$

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				Support: Divorce settlement:	\$ \$
ine vit Provide na with the second of the se	an education IRA, § 530(b)(1), 529A(b) itable or future interest for your benefit we specific ion about them pyrights, trademark internet domain name e specific on about them anchises, and other interest internet domain name e specific on about them anchises, and other interest internet domain name e specific on about them anchises, and other interest internet domain name e specific on about them erty owed to you? owed to you e specific information int them, including what including	an education IRA, in an account i § 530(b)(1), 529A(b), and 529(b)(1). Institution name itable or future interests in proper if for your benefit re specific ion about them pyrights, trademarks, trade secret internet domain names, websites, pro e specific ion about them anchises, and other general intanguilding permits, exclusive licenses, of e specific on about them et specific on about them anchises, and other general intanguilding permits, exclusive licenses, of e specific on about them erty owed to you?	an education IRA, in an account in a qualified ABLI § 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Security of the specific in about them pyrights, trademarks, trade secrets, and other intellementer domain names, websites, proceeds from royalties on about them provided to you? as specific information on the specific information about them perty owed to you? 2/3 9 Childs and the returns the tax years	an education IRA, in an account in a qualified ABLE program, or under a § 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records itable or future interests in property (other than anything listed in line 1), a for your benefit re specific ion about them pyrights, trademarks, trade secrets, and other intellectual property internet domain names, websites, proceeds from royalties and licensing agreem e specific on about them anchises, and other general intangibles wilding permits, exclusive licenses, cooperative association holdings, liquor lice e specific on about them erry owed to you? owed to you e specific information ut them, including whether already filed the returns the tax years. 2/3	an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program § 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 52 institution name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description. The property settlem name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description. The property settlem name and description in separately file the records of any interests.11 U.S.C. § 52 institution name and description. The property settlem name and description name and description. Separately file the records of any interests.11 U.S.C. § 52 institution name and description. The property settlem name and description name and description. Separately file the records of any interests.11 U.S.C. § 52 institution name and description. The property settlem name and description. Separately file the records of any interests.11 U.S.C. § 52 institution name a

- 30

Social Security benefits; unpaid loans you made to someone else

M No

☐ Yes. Give specific information.....

Case/17-2	79 .9 3 17 9.04 Filed 09/1		
Debtor 1 First Name Midd	tle Name Last Name DOCUME	ent Page 18 of \$9 number (if known)	
31. Interests in insurance police Examples: Health, disability,		ount (HSA); credit, homeowner's, or renter's ins	surance
Yes. Name the insurance of each policy and I	e company Company name:	Beneficiary:	Surrender or refund value:
			<u>\$</u>
			\$
			<u> </u>
32. Any interest in property the If you are the beneficiary of a property because someone has No	at is due you from someone who ha a living trust, expect proceeds from a l has died.	as died life insurance policy, or are currently entitled to	receive
Yes. Give specific inform	ation,		
	A the second of the second property and the second property are second property and the second property and the second propert		\$
Examples: Accidents, employ No	yment disputes, insurance claims, or i	awsuit or made a demand for payment rights to sue	
Yes. Describe each claim	1		and the state and a major collision, on a contract school of the state
to set off claims No Yes. Describe each claim		luding counterclaims of the debtor and right	
35. Any financial assets you did	d not already list		
No No	An inches the section of the section		MAN Approximate personal restriction for the decidation and primary
Yes. Give specific information	<u> </u>		\$
			A Control of the cont
36. Add the dollar value of all o for Part 4. Write that numbe	f your entries from Part 4, including there	g any entries for pages you have attached	<i>3,347,83</i> 3 3 3 3 3 4 7 3 3 3 3 4 7 3 3 3 3 4 7 3 3 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 3 4 7 3 3 4 3 3 4 3 3 4 3 3 4 3 3 4 3 3 4 3 4 3 3 4
anamatan da sa	Control of the Contro		
Part 5: Describe Any E	Business-Related Property	You Own or Have an Interest in. Li	ist any real estate in Part 1.
37. Do you own or have any leg	al or equitable interest in any busir	ness-related property?	
Yes. Go to line 38.			
			Current value of the portion you own? Do not deduct secured claims or exemptions.
38. Accounts receivable or com	missions you already earned		eren a seus seguine de la companya d
□ No			,
Yes. Describe	The Control of the Co		\$
39. Office equipment, furnishing	gs, and supplies		American particular programment of the state

☐ Yes. Describe....

☐ No

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Debtor 1 Cake/A	7,279 % D /v 21/ Filed 09/19/17 Entered 09/19/17 14:24	:15 [Desc Main
First Name	Middle Name Last Name Document Page 19 of St number (if known)		
o. Machinery, fixtures, e	quipment, supplies you use in business, and tools of your trade		
☐ No			
Yes. Describe			rajanja spravjaka
1			\$
. Inventory			
☐ No		Photography and the state of th	
Yes. Describe			\$
Interests in partnershi		**************************************	· Marianananananananananananananananananana
☐ No	ps of John Ventures		
Yes. Describe	Name of entity: % of or	wnership:	
		%	φ
			\$
		%	\$
	·	%	\$
☐ No	lists, or other compilations nclude personally identifiable information (as defined in 11 U.S.C. § 101(41A))?		
Yes, Descr	project (Fried North American Control of Con	**************************************	985.1854 ₅
Tes, Descr	De		
			\$
☐ No☐ Yes. Give specific	roperty you did not already list		
information		74A	\$
•			\$
			\$
			\$
			a
			\$
-		~	\$
dd the dollar value of	all of your entries from Part 5, including any entries for pages you have attached		4
or are or sauce mat the	mber here	→	¥
	territoria de la companya de la com La companya de la co		A Committee of the Comm
6: Describe Any	Farm- and Commercial Fishing-Related Property You Own or Have an In ave an interest in farmland, list it in Part 1.	iterest li	1.
	The state of the s		
o you own or have any No. Go to Part 7. Yes. Go to line 47.	legal or equitable interest in any farm- or commercial fishing-related property?		
			A Mariana Maria Nasarin da
			Current value of the portion you own?
arm animals			Do not deduct secured claims or exemptions.
-	(h., f		A COLOR OF THE STREET OF THE S
xamples: Livestock, pou	ury, tarm-raised fish		
) No			
] Yes		**************************************	7

47.

Debtor	1

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48. Crops—either growing or harvested	
□ No □ Yes. Give specific information	\$
49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ No ☐ Yes	
	\$
50. Farm and fishing supplies, chemicals, and feed No	
☐ Yes	\$
51. Any farm- and commercial fishing-related property you did not already list	••••••••••••••••••••••••••••••••••••••
Yes. Give specific information	\$
52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here	\$
	Name of the state
Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above	
53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership	Theory is
Yes. Give specific information	\$ 1,746 \$ \$
54. Add the dollar value of all of your entries from Part 7. Write that number here	\$ 1,746
Part 8: List the Totals of Each Part of this Form	:
55. Part 1: Total real estate, line 2	\$
56. Part 2: Total vehicles, line 5	
57. Part 3: Total personal and household items, line 15	
58. Part 4: Total financial assets, line 36 \$ 3, 347. \$3	
59. Part 5: Total business-related property, line 45	\$
60. Part 6: Total farm- and fishing-related property, line 52	
61. Part 7: Total other property not listed, line 54 +\$ 1, 496	
62. Total personal property . Add lines 56 through 61. \$\frac{1}{3}\text{640.} \frac{13}{3}\text{ Copy personal property total }\right\ri	+\$ 8,640.83
63. Total of all property on Schedule A/B. Add line 55 + line 62	s 8,640.83

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Fill in this in	formation to ident	tify your case:		
Debtor 1	Polina	A	Maksimo	rich
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	·
United States E	Bankruptcy Court for t	he: Distr	ict of	
Case number (If known)				
(II KNOWII)	·			

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1. Which set of exemptions are you claimled you are claiming state and federal non-	ng? Check one only, even in bankruptcy exemptions. 11	•		
You are claiming federal exemptions.				
2. For any property you list on Schedule A	B that you claim as exem	pt, fill in the information below.		
Brief description of the property and line Schedule A/B that lists this property	on Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check only one box for each exemption.		
Brief description: Kitchen applia	uers 997	Ws 997		
Line from Schedule A/B:		100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-100	2//6
Brief Computer printed	for 1,100	US 1050		
Line from 7 Cees prices Schedule A/B:	e- '	100% of fair market value, up to any applicable statutory limit	735 ILCS 8/12-10011	4)
Brief Everyday clothe description:	us 1,330	□ \$		ŕ
Line from // // Schedule A/B:		100% of fair market value, up to any applicable statutory limit	735 ILCS 6/12-1001	(a)
3. Are you claiming a homestead exemption				
(Subject to adjustment on 4/01/19 and ever	y 3 years after that for case	s filed on or after the date of adjustment.	.)	
Yes. Did you acquire the property cover	ed by the exemption within	1,215 days before you filed this case?		
☐ No ☐ Yes		•		

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Rolling A. Maksimovich

First Name Middle Name Last Name

Case number (# known)

Additional Page

Brief description: Line from Schedule A/B: Brief description: Brief description: Line from Schedule A/B: Brief description: Brief description: Schedule A/B: Brief description: Brief description: Brief description: Schedule A/B: Brief description: Brief description: Brief description: Schedule A/B: Brief description: Brief	5 ILCS 5/12-1001 35 ILCS 5/12-100 35 ILCS 5/12-100 35 ILCS 5/12-100
Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief LINK Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx	35 ILCS 5/12-100 35 ILCS 5/12-10 35 ILCS 5/12-100
Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief LINK Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx LINE Caxx	35 ILCS 5/12-100 35 ILCS 5/12-10 35 ILCS 5/12-100
Line from Schedule A/B: Schedule A/B: 6 100% of fair market value, up to any applicable statutory limit 72	35 ILCS 5/12-10 35 ILCS 5/12-100
Brief description: Line from Schedule A/B: Brief LTAK Card \$ 1746	35 ILCS 5/12-10 35 ILCS 5/12-100
Line from Schedule A/B: Brief description: Line from Schedule A/B: Line from Schedule A/B: Brief LTNK card \$ 1746	35 IL CS 5/12-100
Erief description: Line from Schedule A/B: Brief LINK Card \$ 1,150 Brief LINK Card \$ 1,446 Brief LINK Card \$ 1,446 Brief LINK Card \$ 1,446	35 IL CS 5/12-100
Line from Schedule A/B: Brief Security Sep. \$ 1,150 State of fair market value, up to any applicable statutory limit Brief Security Sep. \$ 1,150 State of fair market value, up to any applicable statutory limit Brief LTNK coard \$ 1,746 State of Fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description: Line from Schedule A/B: Brief description: Line from Schedule A/B: Line from Schedule A/B: Brief LTNK card \$ 1746	
Brief description: Line from Schedule A/B: Brief LTNK card \$ 1,150	85 ILCS 5/12-901
Line from Schedule A/B: 22 any applicable statutory limit 73 Brief LTNK coard 1746	85 ILCS 5/12-90.
Brief LINK card s 1,746 Os	
- 1 <u></u>	
	15 ILCS 5/12-1001
Brief	
description: Line from Schedule A/B: Discription: 100% of fair market value, up to any applicable statutory limit	
Brief	
description: \$\$ \$Line from	
Schedule A/B: any applicable statutory limit	
Brief sss	
Line from 100% of fair market value, up to any applicable statutory limit	
Brief description: \$ \square \$ \square \qqq \qqq	
Line from Schedule A/B: 100% of fair market value, up to any applicable statutory limit	
Brief ssss	
Line from 100% of fair market value, up to any applicable statutory limit	
Brief ssss	
Line from Schedule A/B: D 100% of fair market value, up to any applicable statutory limit	·

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	Document Page 23 of 57	17 14.24.10	Desc Main	
Fill in this information to identify your ca				
Debtor 1 Poling A	Maksimovich			
First Name Middle				
Debtor 2 (Spouse, if filing) First Name Middle	Name Last Name			
United States Bankruptcy Court for the:	District of			
Case number				
(If known)	7700000			if this is an
			amend	led filing
Official Form 106D				
Schedule D: Creditor	s Who Have Claims Secur	ed by Pro	perty	12/15
Be as complete and accurate as possible	If two married people are filing together, both are ex	sually reenoneible (oz ovenetnime	
information. If more space is needed, cop additional pages, write your name and ca	y the Additional Page, fill it out, number the entries	and attach it to this	form. On the top of	fany
1. Do any creditors have claims secured by	by your property?			
Yes. Fill in all of the information below.	m to the court with your other schedules. You have noth	ng else to report on	this form.	
= 1.55. Final tar of the information below.				
Part 1: List All Secured Claims				
2 List all account alrians the smallest the		Column A	Column B	Column C
for each claim. If more than one creditor h	nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2.	Amount of claim	Value of collateral	Unsecured
As much as possible, list the claims in alph	nabetical order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1	Describe the property that secures the claim:	c	ch.	
Creditor's Name	Total the property that secures the claim.	Ψ	3	\$
Ni mbox		and the second s		
Number Street	As of the date you file the claim in Charlette	j		
	As of the date you file, the claim is: Check all that apply. Contingent			and the state of t
City State ZIP Code	☐ Unliquidated			
	☐ Disputed			1
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured car loan)			distruction
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)	÷		
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	-		
community debt Date debt was incurred				
2.2	Last 4 digits of account number	yskillerk ochorek 44 kessinis bill krisk/Jookka balumisers billistyk bykriskisti	eg som y or frame our receives figurally source measurably policy to specify of the grown of the	Patron destantion provertical tentres testamonicos (Argines) og A
Creditor's Name	Describe the property that secures the claim:	\$	\$	S
Number Street				or particular
	As of the date you file, the claim is: Check all that apply. Contingent			
	☐ Unliquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			Acceptance
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured			
Debtor 2 only Debtor 1 and Debtor 2 only	car loan) Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number	dan menengan kenengan kenengan kenengan kenengan dan menengan berangan kenengan berangan berangan berangan ber	enter (m. 1888) en	Photo Class Color Color
Add the dollar value of your entries in C	olumn A on this page. Write that number here:	B		

	; ;;;; in thin i	 Case 17-27993 Information to identify y 		File	d 09/19/17	Entered 0		4:24:15	Desc Ma	ain
	Mi in unis i	mormation to identify y	our case:				57			
	Debtor 1	lo lina	A.	M	a ksimoul	66				
_) t-1 D	First Name	Middle Name		Last Name					
	Debtor 2 Spouse, if filing) First Name	Middle Name		Last Name					
١,	Inited States	Bankruptcy Court for the:	Diet	rict o	f					
1_			Disti	inct o	Protection of a second				Пс	Check if this is an
	Case number If known)									mended filing
L			***************************************							3
0	fficial	Form 106E/F								
S	ched	ule E/F: Cred	ditors W	/hc	Have U	nsecure	ed Clair	ns		12/15
Be	as comple	ete and accurate as pos	sihle Use Part	1 for	creditors with DI	PIODITY alaima	and Day 2 fe		W. MONDOW	
LIS	it the other	r party to any executorγ	/ contracts or ui	nexp	ired leases that c	ould result in a	claim Also I	ist avacutor	v contracte o	n Schodule
A/L	o: Propert	y (Official Form 106A/B)	and on <i>Schedu</i>	ule G	: Executory Cont	racts and Unex	pired Leases i	Official For	m 106G\ Do:	not include any
ne	eded, copy	h partially secured clain y the Part you need, fill	it out, number t	the e	ntries in the boxe	ntors who Have s on the left. At	e <i>Claims Secu</i> tach the Cont	<i>red by Prop</i> inuation Pac	<i>erty.</i> If more : ge to this pac	space is ie. On the top of
an	y additiona	al pages, write your nan	ne and case nur	mbei	(if known).				yo to ano pag	ic. On the top of
Pa	irt 1: Li	ist All of Your PRIOR	ITY Unsecure	ed C	laims					
(SA)VASS										
1,		r <mark>editors have priority un</mark> o to Part 2.	secured claims	s aga	inst you?					
	Yes.	o to Part 2.								
3. Q	医二氏性多种 经收款 医多性性 医皮肤 医二角		d tyreda arganisade y	000000	igas este estado en estado	g siggi gibikanana	ale programa di ale		o Paraga de Santaga.	
	each clain	your priority unsecured listed, identify what type	ociaims. If a cre of claim it is. If a	editoi a clai	has more than on m has both priority	e priority unsecu	red claim, list t	he creditor s	eparately for e	each claim. For
	nonpriority	/ amounts. As much as po	ossible. list the c	ciaims	s in alphabetical or	der according to	the creditor's r	ame If you	have more tha	an hua priority
	unsecured	ciaims, fill out the Contir	nuation Page of F	Part '	. If more than one	creditor holds a	particular clain	n, list the oth	er creditors in	Part 3.
North C	(For an ex	planation of each type of	claim, see the in	nstruc	tions for this form	in the instruction	booklet.)	tagan adal sada daga d	agen Calebras ang pang pilan	
	_							Total clair	m Priority amoun	
2.1								- 02 100 100 100 100 100 100 100 100 100	120101101101101010101010101010101010101	*
	Priority Cre	ditor's Name		La	st 4 digits of accou	nt number		\$	\$	\$
				Wh	en was the debt in	curred?				
	Number	Street								
				As	of the date you file	, the claim is: Cl	heck all that appl	y.		
	City	State	ZIP Code		Contingent					
	Who inc	urred the debt? Check one) .		Unliquidated					
	Debto	r 1 only		۳	Disputed					
	Debto			Ту	e of PRIORITY u	nsecured claim	:			;
		r 1 and Debtor 2 only			Domestic support ob	ligations				
		st one of the debtors and and			Taxes and certain of					
		k if this claim is for a con	imunity debt		Claims for death or p	ersonal injury whil	e you were			
	Is the cla	im subject to offset?		П	Intoxicated					
	Yes				Other. Specify					To the state of th
2.2	Angularia e managalan da	ok-opersteeddelddelddelddeldda kith ei'i Irollengar gibillegib gheelik y Misserya Yskelikeya eskelikeeddel	dely mental commence of the co		and the expression of manifest flower to the transfer extra					
	Priority Cred	ditor's Name		Las	t 4 digits of accoun	nt number		\$	<u> </u>	 \$
				Wh	en was the debt in	curred?				
	Number	Street		Δc	of the date you file	the claim ic. Ct	and of that and			
					Contingent	, the claim is. Of	ieck an triat apply	<i>f</i> .		1
	City	State	ZIP Code		Unliquidated					The state of the s
	Who incu	urred the debt? Check one.			Disputed					to the second
	Debtor	r 1 only		Tue	o of DDIODITY	المعالم				to the top beauti
	Debtor				e of PRIORITY ur Domestic support obi		•			harde me* delV)
		r 1 and Debtor 2 only at one of the debtors and ano	41		Taxes and certain of		the government			Maria
					Claims for death or p					dat Papiliana
		k if this claim is for a com	munity debt		intoxicated		-			
	is the cla	im subject to offset?		u	Other. Specify					under
	☐ Yes									i mommo i deg

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First Name Middle Name Last Name Document Page 25 of 57

Part 1: Your PRIORITY Unsecured Claims — Continuation Page

	n beginning with 2.3, followed by 2.4, and so forth.	Total claim	amount	Nonprior amount
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$
	When was the debt incurred?			
Number Street			\$ \$S	
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	☐ Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only				
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	 Taxes and certain other debts you owe the government Claims for death or personal injury while you were 			
Check if this claim is for a community debt	☐ Claims for death or personal injury white you were intoxicated ☐ Other. Specify			
s the claim subject to offset?	- Other. Specify			
No				
☐ Yes				
	Last 4 digits of account number	\$	\$	······································
Priority Creditor's Name	Last 4 digits of account number	Ψ	Ψ	Φ
Number Street	When was the debt incurred?			
INSPECT STREET	An afabra data was 60 st. at a second			
	As of the date you file, the claim is: Check all that apply.			
	Contingent			
City State ZIP Code	Unliquidated			
Who incurred the debt? Check one.	Disputed			
Debtor 1 only	Type of PRIORITY unsecured claim:			
Debtor 2 only	_			
Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were			
Check if this claim is for a community debt	intoxicated Claims for death or personal injury while you were			
- oncor it this classification a continuinty debt	Other. Specify			
s the claim subject to offset?				
☐ No				
Yes Visita A yelkelik (Astronick) (Astron	Palanding-politics in the most selection from the balance of selection of the selection of	l. Artikanii kalikkilaan nekka sainen arti, irajia egasy, je ejajoju karijanga	e til dillere fra stærkelig filmske på fra er og de til retillere fra skriver	E-Makingardort, egyégyert velve
riority Creditor's Name	Last 4 digits of account number	\$	\$	\$
•	When was the debt incurred?			
lumber Street	Mas are dent illentien:			
	As of the date you file, the claim is: Check all that apply.			
	☐ Contingent			
ity State ZIP Code	Unliquidated			
Mha in a compatible of 1.00 cm	☐ Disputed			
Who incurred the debt? Check one.	T (PDIODITY			
Debtor 1 only Debtor 2 only	Type of PRIORITY unsecured claim:			
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations			
At least one of the debtors and another	Taxes and certain other debts you owe the government			
	☐ Claims for death or personal injury while you were intoxicated			
! Check if this claim is for a community debt	Other, Specify	e Sirecide II. vel decide i decide decide decide de decide de II. el decide de la composition de la compositio		ak Komerûnek kestalistinop anyan-epiperkele
s the claim subject to offset?				
No				
Yes				

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Part 2:

List All of Your NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority unsecured claims against you not have nothing to report in this part. Submit this form to a Yes	ou? the court with your other schedules.	
4.		al order of the creditor who holds each claim. If a creditor has more than one aim. For each claim listed, identify what type of claim it is. Do not list claims alread, list the other creditors in Part 3.If you have more than three nonpriority unsecu	dy red
4.1	1 America. France	Total claim	
_	Nonpriority Creditor's Name	Last 4 digits of account number $\frac{2001}{4000}$	98
	PO BOX 981537	When was the debt incurred? June 2016	/ <u>()</u>
	Number Street E Paso TX 79998 City State ZIP Code	As of the date you file the strict of the st	
	State Zir Code	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	☐ Contingent☐ Unliquidated☐ Disputed☐	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	∆ YNo □ Yes	Tother. Specify Clest cars charges	
	Tes		
4.2	barclays bank Belanare	Last 4 digits of account number 5 1 1 8 \$ 929.0	6
	Nonpriority Creditor's Name PO BOX SS 03 Number Street	When was the debt incurred? <u>July 20</u> 17	
	Wilmington DE 19899	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	✓ No ☐ Yes	☑ Other Specify <u>Credit Card Charge</u>	
.3	Bank of America Nonpriority Creditor's Name	Last 4 digits of account number 1609 5151	
	PO BOX 982238	When was the debt incurred? Harch 2016 \$ 5,851.	26
	Number Street E Paso TX 79995 City State 7/P Code	- As of the date you file, the claim is: Check all that apply.	
	Cities Live Court	☐ Contingent	
	Who incurred the debt? Check one. Debtor 1 only	☐ Unliquidated	
	Debtor 2 only	☐ Disputed	-
	Debtor 1 and Debtor 2 only	Type of NONDRIGHTY uppersured to	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans	1
	☐ Check if this claim is for a community debt	Student loansObligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?	that you did not report as priority claims	About 110 day
	≝ No	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Class Chouges	
	☐ Yes	- construction of the contract	4

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Your NONPRIORITY Unsecured Claims - Continuation Page

er listing any entries on this page, number them beginning with 4.	4, followed by 4.5, and so forth.	Total claim
Bank of America	Last 4 digits of account number 5 124	s 6,955.
Nonpriority Creditor's Nother POBOX 982231	When was the debt incurred? June 2015	
El Raso TX 79998	As of the date you file, the claim is: Check all that apply.	
, Side Eli occ	Contingent Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only Debtor 2 only	Total of MOMPRIORITY	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loansObligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
₩ No	M Other Specify Credit Card Change	
☐ Yes	·	
Capital One	Last 4 digits of account number <u>0960</u>	s 1,992
Nonpriority Geditor's Name PO BOX 302 S5	When was the debt incurred? July 2015	·
Salt Lake City UT 84/30	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who-incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify Clear t cars charge	
✓ No ☐ Yes		
Cenamerica Illinois LLP	Last 4 digits of account number 1603	s 667
Nonpriority Creditor's Name PO Box 582663	When was the debt incurred? Harch 2017	
Number Street Modesto CA 95358-0071	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify medical fill of swocker	
☑ No		

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

	ter listing any entries on this page, number them beginning with a	4.4, followed by 4.5, and so forth.	Total claim
4.7	Chase Card Nonpriority Creditor's Name	Last 4 digits of account number 4276	s 1, 854.2
	PO Box 15298 Number Street	When was the debt incurred? <u>June 2016</u>	
	Wilmington DE 19850	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one. Debtor 1 only	☐ Contingent☐ Unliquidated☐ Disputed☐	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	1
	Is the claim subject to offset? No Yes	Other. Specify Coldit Card charges	
<u>.</u>	C1H Bounk Nonpriority Creditor's Name C3CH	Last 4 digits of account number $\frac{4177}{00000000000000000000000000000000000$	\$ <u>1939,56</u>
	PO Box 6241 Number Street	When was the debt incurred? UCTOBER UST 6	
	Slow Falls SD 57/17	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only	T. (NONDOLONIA)	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	:
	is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Wedt can't charge	
	☑ No ☐ Yes		
2		rentered have the state that the state of th	. 1909 so
	Nonpriority Creditor's Name	Last 4 digits of account number $5 / 5 / $	\$1,707.00
	Number Street	When was the debt incurred? June 2016	
	Sioux Falls SD 57/17	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONDRIODITY	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
	At least one of the debtors and another	Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
į	s the claim subject to offset? No Yes	Debts to pension or profit-sharing plans, and other similar debts Other. Specify <i>Multif Card Change</i>	

Last Name Document Document Document Document Document Page 29 of 57

Your NONPRIORITY Unsecured Claims - Continuation Page

fter listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
City of Chicago EMS Nonpriority of Editions Change 33539 Treasury Center	Last 4 digits of account number 2 5 0 5 When was the debt incurred? December 2016	s 1,084
335 fg /reasily Unter Number Street	When was the debt incurred? UCCUMAN COTE	
Chicago IL 60694 State ZIP Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical fill of specify	
Comerity Bank	Last 4 digits of account number 3 1 19	s <i>1,374.8</i>
PO BOX 182789	When was the debt incurred? July 2014	
Number Street Colembes OH 432/4 City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check one. Debtor 1 only	☐ Contingent☐ Unliquidated☐ Disputed☐	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CWAST CANA Changes 	: :
Diseaser Financial Services	Last 4 digits of account number 6954	s 5, 998.
Nonpriority Creditor's Name PO Box 15316	When was the debt incurred? June 2016	
Wilmington DE 19880	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code Who incurred the debt? Check one.	☐ Contingent☐ Unliquidated☐ Disputed☐	
Debtor 1 only Debtor 2 only		
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? No Pes	1 Other. Specify Credit card charges	

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

fter listing any entries on this page, number them beginning with 4.4	I, followed by 4.5, and so forth.	Total claim
Evanston Fire Department Nonpriority Creditor's Name	Last 4 digits of account number 2 4 16	s 528
PO BOX 4557 Number Street	When was the debt incurred? February 2017	<u> </u>
Carol Stream IL 60197-455	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only	Contingent Unliquidated Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans	
	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify mestical fill of speciese	
Evanston Fire Department Nonpriority Creditor's Name	Last 4 digits of account number 725	s <u>519</u>
PO Box 4557	When was the debt incurred? March 2017	
Carol Stream IL 60197-4557	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated	
Debtor 1 only	☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a community debt	you did not report as priority claims	
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Hill of Specific	
☑ No □ Yes	0 7	
Infinity Kealtheare Physicians S.C.	Last 4 digits of pagoust much as \$ 0 6 6	554
Nonprierity Creditor's Name Box 074594	Last 4 digits of account number 5069 When was the debt incurred? $November 2015$	
Number Street WI 53278-8894	As of the date you file, the claim is: Check all that apply.	
	Contingent	
Who incurred the debt? Check one.	Unliquidated	
Debtor 1 only	☐ Disputed	
Data and the second sec	Type of NONDRIADITY	
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans Obligations again cut of a separation agreement as the cut of a	
☐ Check if this claim is for a community debt	you did not report as priority claims	
is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify MAICAL HIII OF SHOWSE	
Ŭ No	- Oaler Specify 1. Waller 6-111 of Specific	- -

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Your NONPRIORITY Unsecured Claims — Continuation Page

After listing any entries on this	page, number them beginning with 4	.4, followed by 4.5, and so forth.	Total claim
MACYS		Last 4 digits of account number 6250	s 198, 9
	?/8	When was the debt incurred? Hay 2017	\$ / / 0 , /
Number Street Mason	OH 45040	As of the date you file, the claim is: Check all that apply.	
City Who incurred the debt? Chec	State ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors ar	nd another	Student loans	
☐ Check if this claim is for		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 	
Is the claim subject to offset No Yes	?	W Other. Specify and other similar debts	
A Miduest Ima	agry Professionals	Last 4 digits of account number 4726	s 4/3
Nonpriority Creditor's Name	3831	When was the debt incurred? March 2017	**************************************
Number Street Pitts Gungh	PA 15250	As of the date you file, the claim is: Check all that apply.	
City	State ZIP Code	Contingent	
Who incurred the debt? Chec Debtor 1 only	ck one.	Unliquidated Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors an	nd another	Student loans	
☐ Check if this claim is for a		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Is the claim subject to offset?	-	Debts to pension or profit-sharing plans, and other similar debts Other. Specify medical fill of spours	
Northwester	respective menor consideration of the consideration	Last 4 digits of account number 6947	\$7,00Y
Northwester Nonpriority Creditor's Name 28155 Netw	ork Place	When was the debt incurred? December 2016	
Number Street Chicago City	IL 60673-124 State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
		Unliquidated	N
Who incurred the debt? Check Debtor 1 only	k one.	☐ Disputed	
Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	1 Tanahay 1 vo
Debtor 1 and Debtor 2 only		Student loans	1
At least one of the debtors and	d another	Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? No Yes	,	Other. Specify Medical Gill of spouse	Me de la companya de

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Part 2:

List All of Your NONPRIORITY Unsecured Claims

3.	Do any creditors have nonpriority unsecured claims against you?	
:	No. You have nothing to report in this part. Submit this form to the	
i A Madi	Y Yes AMMANYA SANSASAANAA AAAAAAA AAAAAAAAAAAAAAA	Worker Hermografia en mengga New Berger Hara bangan dan den proportion dan menggapak bergana bergan deri se
4. 1	ist all of your nonpriority unsecured claims in the alphabetical or	rder of the creditor who holds each claim. If a creditor has more than one
	nonpriority unsecured claim, list the creditor separately for each claim. Included in Part 1. If more than one creditor holds a particular claim, lis	For each claim listed, identify what type of claim it is. Do not list claims already it the other creditors in Part 3.lf you have more than three nonpriority unsecured
	claims fill out the Continuation Page of Part 2.	
		Total claim
419	Northshore University Health- Nonpriority Creditor's Name 23056 Nefwork Place	Last 4 digits of account number 1752 7/12 Co
	Nonpriority Creditor's Name	Last 4 digits of account number 1 + 5 2 \$ 742.62 When was the debt incurred? January 2017
	23066 Network Place	when was the debt incurred?
:	Chicago IL 60673-12	\$ <i>O</i>
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.
		☐ Contingent
	Who incurred the debt? Check one.	Unliquidated
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Disputed
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
	At least one of the debtors and another	☐ Student loans
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce
	Is the claim subject to offset?	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
	No No	Other Specify medical fill
	Yes	
420	Presence Saint Francis Kaspotal	Last 4 digits of account number 9726 \$5,092.80
	Nonpriority Creditor's Name	When was the debt incurred? <u>March</u> 2017
	Number Street	
	Billines MT 59/02	As of the date you file, the claim is: Check all that apply.
	City State ZIP Code	⊈ Contingent
	Who incurred the debt? Check one.	Unliquidated
	Debtor 1 only	☐ Disputed
:	Debtor 2 only	Type of NONPRIORITY unsecured claim:
	Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Student loans
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce
	•	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
	Is the claim subject to offset?	W Other. Specify medical fill of specific
	Yes	
421	Synchrony Bank	Last 4 digits of account number 3768 1024 Q
	Nonpriorly Creditor's Name	Last 4 digits of account number $\frac{3}{5} + \frac{6}{6} + \frac{4}{5}$ When was the debt incurred? February 2016 \$ 1,024.99
	PO Box 963 015	when was the debt incurred?
	Orlando Fl 32196	
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.
	Who incurred the debt? Check one.	Contingent
	Debtor 1 only	Unliquidated Disputed
	Debtor 2 only	op
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:
		Student loans
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims
	Is the claim subject to offset? No	Debts to pension or profit-sharing plans, and other similar debts
	Yes	Other. Specify <u>Credit Card Charges</u>
		•

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Your NONPRIORITY Unsecured Claims — Continuation Page

12	Sinchrony	Proude	and a second control of the second second	CF46	
 No	onpriority Creditor's Name	bank		Last 4 digits of account number 6 5 9 6 When was the debt incurred? September 2016	\$ 8,313
Nu	umber Street	5005	A A A A A A	/	
Cit	Or Jando	FL State	32896 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
	ho incurred the debt? Check	one.		Unliquidated Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and	ł another		☐ Student loans	
	Check if this claim is for a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
ls	the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Culfit can's charge	
	l Yes				
23	Synchrony	Bouk	ten di den ampun plansket og de det en si Neslampa krypsocket til still till till det en kriste en en betyden	Last 4 digits of account number $\mathcal{J}\mathcal{J}\mathcal{G}\mathcal{F}$	\$ <u>2,641</u>
Noi	npriority Oreditor's Name	005		When was the debt incurred? August 2016	\$ <u> </u>
Nur	Orlando	FL	32.196	As of the date you file, the claim is: Check all that apply.	
City		State	ZIP Code	Contingent	
	no incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only				
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and	another		Student loans Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a	community debt		you did not report as priority claims	
	the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Chart Count Changes	
	No Yes				
31	service and the service and th	bank		Last 4 digits of account number 9757	\$ <i>3,091</i> .
Non	priority Creditor's Name 10 Box 91	55005		When was the debt incurred? August 2016	'/
Num	ober Street Orlando	FL	32896	As of the date you file, the claim is: Check all that apply.	
City		State	ZIP Code	☐ Contingent	
Wh	o incurred the debt? Check of	one.		Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and			Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a c	ommunity debt		you did not report as priority claims Debts to pension or profit sharing plans, and other similar debts	
ls tl				Other. Specify Culdit Card Changes	

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Part 2:

List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you No. You have nothing to report in this part. Submit this form to the Yes	
indiplicitly unsecured claim, list the creditor separately for each cla	al order of the creditor who holds each claim. If a creditor has more than one im. For each claim listed, identify what type of claim it is. Do not list claims already i, list the other creditors in Part 3.If you have more than three nonpriority unsecured
	Total claim
Nonpriority Creditor's Name	Last 4 digits of account number 6579
PO BOX 660/70	When was the debt incurred? July 2017
Number Street Dallas TX 752CC-	- 0170
City State ZIP Code	As of the date you file, the claim is: Check all that apply.
Who insured the detail of	Contingent
Who incurred the debt? Check one. Debtor 1 only	Unliquidated Disputed
Debtor 2 only	☐ Disputed
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
At least one of the debtors and another	☐ Student loans
☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts
☑ No ☐ Yes	Other Specify cust ears change
4.2	Last 4 digits of account number \$
Nonpriority Creditor's Name	When was the debt incurred?
Number Street	
**************************************	As of the date you file, the claim is: Check all that apply.
City State ZIP Code	Contingent
Who incurred the debt? Check one.	Unliquidated Disputed
Debtor 1 only Debtor 2 only	Car Disputed
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
At least one of the debtors and another	Student loans
☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts
□ No	Other. Specify
☐ Yes — учения техніцивально-кольную развинавання на салінато поправили за облавання правили за облавання на салінато поправили за облавання на	
.3	Last 4 digits of account number
Nonpriority Creditor's Name	When was the debt incurred?
Number Street	
Oit.	As of the date you file, the claim is: Check all that apply.
City State ZIP Code	Contingent
Who incurred the debt? Check one.	Unliquidated
Debtor 1 only Debtor 2 only	☐ Disputed
Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:
At least one of the debtors and another	Student loans
☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce
Is the claim subject to offset?	that you did not report as priority claims
□ No	Debts to pension or profit-sharing plans, and other similar debts Other. Specify
Yes	

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Part 3: List Others to Be Notified About a Debt That You Already Listed

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	\$
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$
	6e. Total . Add lines 6a through 6d.	6e.	\$
			Total claim
Total claims	6f. Student loans	6f.	\$
from Part 2			Ψ
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$
	or divorce that you did not report as priority	6g. 6h.	\$\$
	or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other	•	\$ \$ + \$ 62,507.77

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Ħ	ll in this in	nformation to ider	ntify your	case:					
De	ebtor	Polina		A.	Maksim o	uels			
	ebtor 2 pouse If filing)	First Name		iddle Name	Last Name				•
	-	Bankruptcy Court for							
Ca	ase number							p -	lar ran r
(If	known)		······					_	Check if this is an amended filing
_	re · 1 m	- 4000							
		orm 106G		_					
					ontracts a				12/15
info	rmation. If	te and accurate a f more space is n ges, write your na	eeded, co	ppy the addi	rried people are filin tional page, fill it out r (if known).	g together, both are , number the entrie	e equally responsib s, and attach it to the	e for supplyi iis page. On t	ng correct he top of any
1.	☐ No. C	ave any executor heck this box and Fill in all of the info	file this fo	m with the c	ired leases? ourt with your other so he contracts or leases	hedules. You have n	nothing else to report	on this form. ficial Form 106	A/B).
2.	List sepa	rately each perso rent, vehicle leas	n or com	pany with w	rhom you have the come instructions for this	ontract or lease. The	en state what each	contract or le	ase is for (for
							w. T		
	Person o	r company with v	vhom you	have the co	ontract or lease	State w	hat the contract or	lease is for	
2.1	Chu	elfenhar	m C	cecrt	Apourtmen	h			
	Name 53	1- 539	Wine	nan	Aire				
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i (City	auston	State	ZIP Code	202	16-700000000A	for re	nt.	
2.2			THE TOTAL WEIGHT CHINARY				ta (radiāt vidaminis relacionada instalacionada inspection) vida (radiativa inspection) vid		NATION TO THE PROPERTY OF THE PROPERTY CONTINUES AND A MILLION OF THE CONTINUES.
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	Number	Street							
Mark Mark	City	e terrinologies, i sieny ples distributiones des-	State	ZIP Code				end Allia die on Valenteine ind que	
2.4	Name			 ,					
						<u> </u>			
	Number	Street							
	City	earn a Carrieral Newsorks of the Secretary of the American American Prof. Monthly	State	ZIP Code		entermenteles. An destrujum ganne half-neijhe ling françand nyikrisi kinga a szemenfel de tercepente estilenteles kalle kalle	and of a Calibration of Angeles of construction described at 1 of 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (distribution destructivations and the constitution of the constitution and the constitution a	والتنهيش والمستري والمستري والمستروع المستروع والمستروع
2.5	Name			***************************************					
	Number	Street			-				
	City		State	ZIP Code					

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Fil	l in this ir	nformation to	o identify y	our case:					
De	btor 1	Polin	9	A.	H	g kermovich			
		First Name		Middle Name		Last Name			
	btor 2 ouse, if filing)	First Name		Middle Name		Last Name	_		
Ųni	ited States I	Bankruptcy Co	urt for the: _	Di	strict of	· · · · · · · · · · · · · · · · · · ·			
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Code are f	ebtors are iling toge number ti	people or e ther, both a he entries in	entities wh re equally the boxes	o are also lia responsible f	ble for an	ing correct informatic	ns if more en:	lete and accurate as possible. If two marrie ace is needed, copy the Additional Page, fi ne top of any Additional Pages, write your	II 14 a.u.
1,	Do you ha	ave any code	ebtors? (If	you are filing	a joint case	e, do not list either spo	use as a codet	otor.)	
	No No								
2.	Yes Within the Arizona, C	e last 8 year California, Ida	s, have yo ho, Louisia	u lived in a co	ommunity New Mexic	property state or ter o, Puerto Rico, Texas	ritory? (Comm Washington, a	unity property states and territories include and Wisconsin.)	
	. /		se, former	spouse, or leg	al equivale	ent live with you at the	time?		
			ommunity s	tate or territor	v did vou i	ive?	Fill in the	e name and current address of that person.	
					,,			mand and durion address of that person.	
	Na	ime of your spou	se, former spor	use, or legal equiva	alent				
	Nu	ımber Str	eet	·····			· · · · · · · · · · · · · · · · · · ·		7
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_	Cit	-		State		ZIP Code			,
	shown in S <i>chedule</i>	line 2 again D (Official F	as a codel orm 106D)	otor only if th	at person /F (Officia	is a guarantor or cos	signer. Make s	pouse is filing with you. List the person ure you have listed the creditor on icial Form 106G). Use <i>Schedule D</i> ,	And the control of th
	Column 1	: Your code	btor				C	olumn 2: The creditor to whom you owe the	debt
							С	heck all schedules that apply:	
3.1	************							Schedule D, line	MARKET CASE OF THE
	Name							Schedule E/F, line	The state of the s
	Number	Street					·····	Schedule G, line	
	City			S	tate	ZIP Code			:
3.2									
	Name	····	www					Schedule D, line	
	Number	Street						Schedule E/F, line	
	<u> </u>							Schedule G, line	an 4199bu
3.3	City			S	tate	ZIP Code			
	Name							Schedule D, line	1
		mw	***************************************					Schedule E/F, line	
-	Number	Street						Schedule G, line	-
	City	·		<u>.</u>					į

Case 17-27993 Doc 1 Filed 09/19/17 Entered 09/19/17 14:24:15 Desc Main Page 39 of 57 Document Fill in this information to identify your case: Maksimouch Debtor 1 Debtor 2 (Spouse, if filing) First Name United States Bankruptcy Court for the: ____ District of Case number Check if this is: (If known) ☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date: Official Form 1061 MM / DD / YYYY Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Employment** 1. Fill in your employment Debtor 1 information. Debtor 2 or non-filing spouse If you have more than one job, attach a separate page with **Employed Employment status** Employed information about additional ☐ Not employed employers. Not employed include part-time, seasonal, or Praduate Student
Northwestern University
633 Clark St. self-employed work. Occupation Occupation may include student or homemaker, if it applies. Employer's name Employer's address Evanston IL 60205
City State ZIP Code State ZIP Code How long employed there? Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. \$3,366 3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

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First Name Middle Name Last Name Case number (if known)

-	_	-	_		
		-			
		₹°`^	00	number // mou	_1

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	→ 4.	\$ 3, 566	\$
List all payroll deductions:		·	
5a. Tax, Medicare, and Social Security deductions	5a.	\$222,23	\$:
5b. Mandatory contributions for retirement plans	5b.	\$	\$
5c. Voluntary contributions for retirement plans	5c.	\$	\$
5d. Required repayments of retirement fund loans	5d.	\$	\$ \$
5e. Insurance	5e.	\$	\$
5f. Domestic support obligations	5f.	\$	\$
5g. Union dues	5g.	\$	\$
5h. Other deductions. Specify:	5h.	+\$	+ \$
. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.		\$222.23	
. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.		7 \$
List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	\$
8b. Interest and dividends	8b.	\$	\$
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	nt	· declared and response to the second and the secon	The state of the s
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	\$
8d. Unemployment compensation	8d.	\$	\$
8e. Social Security	8e.	\$	\$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		s 194	s
8g. Pension or retirement income	8g.	©	c
8h. Other monthly income. Specify:	8h.	+ ¢	+\$
Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ 194	\$
Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$3,537.77+	\$= \$
State all other regular contributions to the expenses that you list in <i>Sched</i> Include contributions from an unmarried partner, members of your household, y friends or relatives.			nates, and other
Do not include any amounts already included in lines 2-10 or amounts that are a Specify:		ailable to pay expense	_
Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S. Do you expect an increase or decrease within the year after you file this for	result tatistic		·
No. Yes Explain: V. Colon of		Hingorom	Co. 85 months only
mustherm will deare the	fre	or your	for 3.9 mouths outy
cial Form 1061 See: Attachmal Schedule 1: Your Inc	ome	tern ends	in June 2018 page 2

Official Form 1061

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Attachment to Schedule I

Additional employer:

Ocempation: part-time faculty
Employer's norm: Loyola University Chicago
Employer's address: 1032 West Sheridan Rd.
Chicago, IL 60660
How long employed: 3 neeks

Earnings and deductions from the Loyola post tion are combined with Schedule I totals.

Case 17-27993 Doc 1 Filed 09/19/17 Entered 09/19/17 14:24:15 Desc Main Page 42 of 57 Document Fill in this information to identify your case: Debtor 1 Check if this is: Debtor 2 An amended filing (Spouse, if filing) First Name Middle Name ☐ A supplement showing postpetition chapter 13 United States Bankruptcy Court for the: ___ District of expenses as of the following date: MM / DD / YYYY (If known) Official Form 106J **Schedule J: Your Expenses** 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. **Describe Your Household** Part 1: 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Dependent's relationship to Dependent's Does dependent live Yes. Fill out this information for Do not list Debtor 1 and Debtor 1 or Debtor 2 age with you? Debtor 2. each dependent..... ☐ No Do not state the dependents' Yes names. ☐ No ☐ Yes □ No Yes ☐ No Yes ☐ No 3. Do your expenses include Y No expenses of people other than Yes yourself and your dependents? **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: Real estate taxes 4a Property, homeowner's, or renter's insurance 4b. Home maintenance, repair, and upkeep expenses 4c. Homeowner's association or condominium dues 4d.

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Poling A. Makermovich

First Name Middle Name Last Name

Case number (if known)___

			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$ 50
	6b. Water, sewer, garbage collection	6b.	\$
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	s 100
	6d. Other. Specify:	6d.	\$
7.	Food and housekeeping supplies	7.	s 480
8.	Childcare and children's education costs	8.	s 320
9.	Clothing, laundry, and dry cleaning	9.	s 85
10.	Personal care products and services	10.	s 70
11.	Medical and dental expenses	11.	\$ <i>130</i>
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	s 100
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ 50
14.	Charitable contributions and religious donations	14.	\$
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$
	15b. Health insurance	15b.	s 20
	15c. Vehicle insurance	15c.	\$
	15d. Other insurance. Specify:	15d.	\$
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		
	Specify:	16.	\$
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$
	17b. Car payments for Vehicle 2	17b.	\$
	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$
19.	Other payments you make to support others who do not live with you.		
	Specify:	19.	\$
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	9.	
	20a. Mortgages on other property	20a.	\$
	20b. Real estate taxes	20b.	\$
	20c. Property, homeowner's, or renter's insurance	20c.	\$
	20d. Maintenance, repair, and upkeep expenses	20d.	\$
	20e. Homeowner's association or condominium dues	20e.	\$

er.	Case 17-27993 Doc 1 Filed 09	ment Page 44 of 57	.9/17 14:24:15 Desc Main
Debtor 1	Polina A. Maksimov First Name Middle Name Last Name	101) Case r	umber (if known)
21. Other. \$	Specify:		21. +\$
22. Calcula	te your monthly expenses.		protectional and included and place for the personnel and an annual concentration, right in a the foremanique and annual for the foremanique and annual forest fore
22a. Ad	d lines 4 through 21.		22a. \$ 2,555
22b. Co	py line 22 (monthly expenses for Debtor 2), if any, from	Official Form 106J-2	22b. \$
22c. Add	d line 22a and 22b. The result is your monthly expense	s.	22c. \$ 2,555
23. Calculate	e your monthly net income.		2 622 22
23a. Co	py line 12 (your combined monthly income) from Sched	dule I.	_{23a.} \$ 3,537.77
23b. Co	py your monthly expenses from line 22c above.		23b\$ 2,533
23c. Su	btract your monthly expenses from your monthly incom	e.	s 982.77
The	e result is your monthly net income.		23c. \$ 7\2.77
M. Do you o	······································	at the second second	
	xpect an increase or decrease in your expenses with ple, do you expect to finish paying for your car loan with the control of		
	payment to increase or decrease because of a modific		
□ No.			
Yes.	Explain here: I expect our lives	rease in my exp	enses because I
	need to may for dentist	(\$434) buy	norm clother and
	Explain here: I expect our tres heed to pay for dentist boots for my Loughber	and pay medi	ical fills for the upen
		\$ 1.00 times the main to the more than the consequence and an analysis, they then the consequence and an analysis and the consequence and the cons	very surgery.
			1/ 0 0

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Debtor 1	Polina	A.	Maksimouci
	First Name	Middle Name	Lest Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the	: Distr	ict of
Case number			
(if known)			

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	who is NOT an attorney to help you fill out bankruptcy forms?
No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
ler penalty of perjury, I declare that they are true and correct.	I have read the summary and schedules filed with this declaration and
der penalty of perjury, I declare that t they are true and correct.	I have read the summary and schedules filed with this declaration and

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Fill	in this ir	nformation to ident	fy your case:	2 ocamone			
Deb	tor 1	Polina First Name	Middle Name	Maksimo	rich		
	tor 2 use, if filing)	First Name	Middle Name	Last Name			
			e: Distric				
	e number nown)					Г	Toback which to an
,,,,,		***************************************					Check if this is an amended filing
	·····	Form 107					
		<u> </u>				or Bankruptcy	
inforr	nation. I	f more space is ne	eded, attach a separ	ried people are filing ate sheet to this for	g together, both are equa m. On the top of any addi	lly responsible for supplyi itional pages, write your na	ng correct ame and case
numb	er (if kn	own). Answer every	/ question.				
Par	(1) G	ive Details Abou	t Your Marital Sta	tus and Where Y	ou Lived Before		
1. V	Vhat is y	our current marital	status?				
	Marrie						
-	☐ Not m	arried					
		e last 3 years, have	you lived anywhere	other than where ye	ou live now?		
	No Yes. L	ist all of the places v	ou lived in the last 3 y	vears. Do not include	where you live now		
	(1000)	tor 1:		Dates Debtor 1	Debtor 2:		Dates Debtor 2
	NAMES.			lived there			lived there
	10	rr 11.0	ili a		Same as Debtor 1		Same as Debtor 1
	/ <i>U</i> :	<i>bb W Gra</i> nber Street	nville Ave				From
		Apt. 1104		то <i>05/201</i>			То
	$\frac{C_{i}}{C_{i}t_{i}}$	ucago	IL 60666 State ZIP Code	2	Cit.		
	Oity		State ZIF CODE		City	State ZIP Code	
				F aces	Same as Debtor 1		Same as Debtor 1
	Num	ber Street	The state of the s	From To	Number Street		From To
				Proprior and Landau.			
	City		State ZIP Code	<u>.</u>	City	State ZIP Code	
3. V	lithin the	e last 8 years, did ye territories include A	ou ever live with a sp rizona, California, Idal	oouse or legal equiv ho, Louisiana, Nevad	alent in a community pro a, New Mexico, Puerto Ric	perty state or territory? (Coo, Texas, Washington, and N	ommunity property Wisconsin.)
U	No					•	,
L.	J Yes. M	ake sure you fill out	Schedule H: Your Co	debtors (Official Form	1 106H).		
Part	O Fw	lain the Source	s of Your Income		eri Sirens saar ee	e de l'aspendiques en services en la seguina de la companya de	and the second s
	EXI	nam me source:	or rour income				

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Debtor 1

Poling A. Makelmovich

First Name Middle Name Last Name

Case number (if known)_____

Debtor 1			
Debtor 1			
		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
✓ Wages, commissions, bonuses, tips✓ Operating a business	s 24, 330	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$
Wages, commissions, bonuses, tips Operating a business	\$ 30, 813.43	Wages, commissions, bonuses, tips Operating a business	\$
Wages, commissions, bonuses, tips	<u>\$ 22,704.24</u>	Wages, commissions, bonuses, tips	\$
Debtor 1		Debtor 2	
Sources of Income Describe below.	Gross income from each source	Sources of income	
	(before deductions and exclusions)	Describe below.	Gross income from each source (before deductions and exclusions)
Grad. Student	(before deductions and exclusions)	Describe below.	each source (before deductions and exclusions)
	(before deductions and exclusions)		each source (before deductions and exclusions)
Grad. Student Shild cave grave ENAP benefits	(before deductions and exclusions) \$_/, 666.66_ \$ \$		each source (before deductions and exclusions) \$ \$ \$ \$
Grad. Student Shild cave grave ENAP benefits	(before deductions and exclusions) \$_/, 666.66_ \$		each source (before deductions and exclusions) \$ \$ \$ \$ \$
Grad. Student Shild cave grave ENAP benefits	(before deductions and exclusions) \$ _/, 666.66_\$ \$		each source (before deductions and exclusions) \$ \$ \$ \$ \$
	bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business s year or the two previor me is taxable. Examples nts; pensions; rental inco a joint case and you have ch source separately. Do	bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Section 22, 709, 24 Depart or the two previous calendar years? The ist taxable. Examples of other income are aliments; pensions; rental income; interest; dividends; real opinit case and you have income that you receive the source separately. Do not include income that the previous calendar years? Depart of the two previous calendar years? The incomment of the incomment	bonuses, tips Operating a business Wages, commissions, bonuses, tips Operating a business Syear or the two previous calendar years? The is taxable. Examples of other income are alimony; child support; Social Synts; pensions; rental income; interest; dividends; money collected from lawsuration in the case and you have income that you received together, list it only once the source separately. Do not include income that you listed in line 4. Debtor 1 Debtor 2

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Debtor 1

Document Maksimovich

Case number (if known)

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ВΨ		-3	4	- 60	г.
	dΩ	and the		redi.	a d

List Certain Payments You Made Before You Filed for Bankruptcy

Are eith	ner Debtor 1's or Debtor 2's debts primarily c	onsumer deb	ts?							
☐ No.	Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."									
	During the 90 days before you filed for bankru	ptcy, did you p	ay any creditor a total of	\$6,425* or more?						
	No. Go to line 7.									
	Yes. List below each creditor to whom you total amount you paid that creditor. Do child support and alimony. Also, do not * Subject to adjustment on 4/01/19 and every 3	o not include pa ot include payn	ayments for domestic su nents to an attorney for t	pport obligations, such as his bankruptcy case.						
Myan	. Debtor 1 or Debtor 2 or both have primarily			nor the date of adjustment.						
10S	During the 90 days before you filed for bankrup			\$C000						
	_	ясу, ана уба ра	ay any creditor a total or :	\$600 or more?						
	Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include payment	domestic supp	ort obligations, such as d	child support and						
	aminory, rives, do not morado paymon	Dates of	Total amount paid	Amount you still owe	Was this payment for					
	Signohrony Bonk Creditor's Name	6/27	\$ 600	\$ 8,313.18	☐ Mortgage					
	Number Street	Access 100 100 100 100 100 100 100 100 100 1			Credit card					
	PO BOX 965005				Loan repayment					
	Orlando Fl 32806	<u> </u>			Suppliers or vendors					
	City State ZiP Code	,			Other					
	and statement and the state of		Contractor (Contratto de Contracto) de Contracto (Contracto) de Contrac							
	Creditor's Name	***************************************	\$	\$	☐ Mortgage					
					Car					
	Number Street				Credit card					
					Loan repayment					
					☐ Suppliers or vendors					
	City State ZIP Code				Other					
			\$	\$	☐ Mortgage					
	Creditor's Name				☐ Car					
	***************************************	***			☐ Car					
	Number Street									
		***************************************			Loan repayment					
					Suppliers or vendors					
	City State ZIP Code				Other					

Document Page 49 of 57 Makemovich Debtor 1 Case number liftmown 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Amount you still Dates of Total amount Reason for this payment payment paid Insider's Name Number Street City ZIP Code Insider's Name Number Street City State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited Include payments on debts guaranteed or cosigned by an insider. M No Yes. List all payments that benefited an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid Include creditor's name Insider's Name Number Street City State ZIP Code Insider's Name Number Street

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Debtor 1

Document Maksimously

Case number (if known)

Within 1 year before you filed for bankruptcy, we List all such matters, including personal injury cases and contract disputes.	re you a party in any lawsu , small claims actions, divorc	it, court action, or adminis es, collection suits, paternity	strative proceeding? actions, support or custody modifications.
No Yes. Fill in the details.	Compared to the research of the contract of		
	re of the case	Court or agency	Status of the cas
Case title Polina Makstmovich 1. Dusan Mijuskovic Case number 2017 D4534	dissolution	Circust Court	g Cook Pending
vs. Dusan Hijuskovic	of marriage	50 W Wash	Ington of D Concluded
Case number 2017 D 4534		Chicago IL	60602
		City / State	ZIP Code
Case title		Court Name	Pending
		Number Street	On appeal Concluded
Case number		City State	ZiP Code
No. Go to line 11.		, , , , , , , , , , , , , , , , , , ,	shed, attached, seized, or levied?
/	Describe the property		Date Value of the property \$\$
No. Go to line 11. Yes. Fill in the information below.	ezessetek en Arken andrere.		- ROA (NOA) HENSET ODWERSERVERO SELEV
No. Go to line 11. Yes. Fill in the information below. Creditor's Name	Describe the property Explain what happened Property was repose	sessed.	- ROA (NOA) HENSET ODWERSERVERO SELEV
No. Go to line 11. Yes. Fill in the information below. Creditor's Name	Describe the property Explain what happened	sessed.	- ROA (NOA) HENSET ODWERSERVERO SELEV
No. Go to line 11. Yes. Fill in the information below. Creditor's Name	Explain what happened Property was reposed Property was garnis Property was attach	sessed.	Date Value of the property \$\$
No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happened Property was reposed Property was forecled Property was garnis	sessed. osed. hed.	- ROA (NOA) HENSET ODWERSERVERO SELEV
No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happened Property was reposed Property was garnis Property was attach	sessed. osed. hed.	Date Value of the property \$\$
No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State ZIP Code	Explain what happened Property was reposed Property was garnis Property was attach	sessed. osed. hed.	Date Value of the property \$\$
No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State ZIP Code Creditor's Name	Describe the property Explain what happened Property was repose Property was foreck Property was garnis Property was attach Describe the property	sessed. osed. hed. ed, seized, or levied.	Date Value of the property \$\$
Yes. Fill in the information below. Creditor's Name Number Street City State ZIP Code Creditor's Name	Explain what happened Property was repose Property was foreck Property was garnis Property was attach Describe the property Explain what happened	sessed. psed. hed. ed, seized, or levied.	Date Value of the property \$\$

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? M No Yes. Fill in the details. Describe the action the creditor took Date action **Amount** was taken Creditor's Name Number Street City Last 4 digits of account number: XXXX-12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? M No ☐ Yes Part 5: **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street ZIP Code Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave per person the gifts Person to Whom You Gave the Gift Number Street State ZIP Code Person's relationship to you _

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Maksimovich

Debtor 1

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Debtor	1	
Dentoi		

Α.		Document
Value	1	1da karina and
roma	17-	Maksimoneh
First Name	Middle Name	Loci Nama

Case number (if known)_____

ntribution.		
Describe what you contributed	Date you contributed	Value
-	:	\$
-	All de la constant de	\$
	•	
tcy or since you filed for bankruptcy, did you lose anything	because of theft, f	ire, other
Di 1885 di mangantan di 1885 d	. Kanada at kadabas katawa at katabas	SONA GARAGONIA UZA ZALIKU ITA DOGEN
Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance	Date of your loss	Value of property lost
claims on line 33 of Schedule A/B: Property.		
		\$
	To dehibrous	
en e	· · · · · · · · · · · · · · · · · · ·	
sfers	\$	
tcy, did you or anyone else acting on your behalf pay or tran	sfer any property	to anyone
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition?		to anyone
tcy, did you or anyone else acting on your behalf pay or tran		to anyone
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition?		to anyone
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in yo		to anyone
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition?	our bankruptcy.	STATES SANSTAN MASSAM MISS
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or transfer was	TRIBENSANSANSIANSIA
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or	to anyone Amount of payment
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or transfer was	frækensa muandeb
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or transfer was	TRIBENSANSANSIANSIA
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or transfer was	TRIBENINA MENANGSA
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or transfer was	TRIBENINA MENANGSA
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or transfer was	Amount of payment
tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or transfer was	Amount of payment
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tcy, did you or anyone else acting on your behalf pay or tran or preparing a bankruptcy petition? eparers, or credit counseling agencies for services required in yo	our bankruptcy. Date payment or transfer was	Amount of payment
	otcy or since you filed for bankruptcy, did you lose anything Describe any insurance coverage for the loss	Date you contributed Date of your loss Include the amount that insurance has paid, List pending insurance

Case 17-27993 Doc 1 Filed 09/19/17 Entered 09/19/17 14:24:15 Desc Main Page 53 of 57 Document Maksimouch Case number (if known) Description and value of any property transferred Date payment or Amount of transfer was made payment Person Who Was Paid Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was Person Who Was Paid Number Street State ZIP Code transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do pot include gifts and transfers that you have already listed on this statement.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

™ No

Debtor 1

Yes. Fill in the details.

	and the second s		
	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer		to a control of the c	
Number Street			The state of the s
City State ZiP Code			PPA 100 O CANADANAMA PARAMANANA
Person's relationship to you			
Person Who Received Transfer			
Number Street			
City State ZIP Code			
Person's relationship to you			

Maksimovich Debtor 1 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) 12 No Yes. Fill in the details. Description and value of the property transferred Date transfer was made Name of trust Pari Bi List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. ☐ No Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer Bank of America Name of Financial Institution 1336 Chicago Ave... Number Street 7/25/2017 \$2,358.33 Checking ☐ Savings Money market ☐ Brokerage Other_ 8/14/2017 \$4,115.60 Checking Savings ☐ Money market ☐ Brokerage Other_ City State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? M No ☐ Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? ☐ No ☐ Yes Name of Financial Institution Name Number Street Number Street City State ZIP Code City State ZIP Code

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Debtor 1

Polina	, A	Document Maksimevich
10/11/4		I CO NOTITIE VILLEY
irst Name	Middle Name	t act Name

Case number (if known)

Yes. Fill in the details.			
	Who else has or had access to it?	Describe the contents	Do you st
			□ No
Name of Storage Facility	Name		Yes
Number Street	Number Street		
	City State ZIP Code		· I Papagari III da
City State ZIP	Code		
9: Identify Property You	Hold or Control for Someone Else		
you hold or control any propert hold in trust for someone. No Yes. Fill in the details.	y that someone else owns? Include any proper with the someone else owns? Include any property?	rty you borrowed from, are storing for, Describe the property	Value
		Seconds the property	
Owner's Name			\$
Number Street	Number Street		
	***************************************		The state of the s
City State ZIP	City State ZIP Code		i
City State ZIP	Code		
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| Poling A. Maksimovich | Case number (if known) |

Debtor 1

No 2 Yes. Fill in the details. Court or agency Nature of the case Case title Court Name Number Street Case number City State ZIP Code	Status of th
City State ZIP Code	Status of th
City State ZIP Code Ave your been a party in any judicial or administrative proceeding under any environmental law? Include settlements and of No No Yes. Fill in the details. Court or agency Nature of the case Case title Court Name Number Street Case number City State ZIP Code	Status of th
No Yes. Fill in the details. Court or agency Nature of the case Case title Court Name Number Street Case number City State ZIP Code	Status of th
No Yes. Fill in the details. Court or agency Nature of the case Case title Court Name Number Street Case number City State ZIP Code	Status of th
Case title	case
Court Name Number Street Case number City State ZIP Code	☐ Pending
Number Street Case number City State ZIP Code	-
Case number City State ZIP Code	On appe
City State ZIP Gode	☐ Conclud
A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership	
An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation	
No. None of the above applies. Go to Part 12.	
Yes. Check all that apply above and fill in the details below for each business.	
Describe the nature of the business Employer Identification number Do not include Social Security r	The board of the College of
business name	
Number Street	
Name of accountant or bookkeeper Dates business existed	
FromTo	
	
City State ZIP Code Describe the nature of the business Employer Identification number	
City State ZIP Code	
City State ZIP Code Describe the nature of the business Employer Identification number Do not include Social Security of the Code Sec	umber or ITIN.

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Debtor 1

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Polina	H.	Maksimovich	Case number (if known)
rst Name	Middle Name	Last Name	

	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name		EIN: -
Number Street	Name of accountant or bookkeeper	Dates business existed
	-	
City State ZIP Code		From To
28. Within 2 years before you filed for bankrup institutions, creditors, or other parties.	otcy, did you give a financial statement to anyon	e about your business? Include all financial
No Yes. Fill in the details below.		
wa 165. I III III tile details below.	Date issued	
Name	MM / DD / YYYY	
Number Street		
City State ZIP Code		
Part 12: Sign Below		
answers are true and correct. I understan in connection with a bankruptcy case car 18 U.S.C. §§ 152, 1341, 1519, and 3571.	ot of Financial Affairs and any attachments, and I nd that making a false statement, concealing pro n result in fines up to \$250,000, or imprisonment	perty, or obtaining money or property by fraud
* St	×	
Signature of Debtor 1	Signature of Debtor 2	and the second and th
Date 9/19/2017	Date	
	Statement of Financial Affairs for Individuals Filin	ng for Bankruptcy (Official Form 107)?
₩ No □ Yes		
Did you pay or agree to pay someone who	o is not an attorney to help you fill out bankrupto	cy forms?
	At	ttach the Bankruptcy Petition Preparer's Notice, beclaration, and Signature (Official Form 119).